

POSITIVE NOTICE

Case Name	Case Number	Date
Address	City	State
		Zip Code

1. Your application for _____ has been approved effective ____/____/____. Your first payment will be \$ _____ for the month(s) of _____. After this, you will receive \$ _____ each month. Your first payment will be sent on or about ____/____/____ and you can expect delivery in one to three days.

2. Your _____ payment will be increased to \$ _____ per month, effective ____/____/____ because:

3. Your application for food stamps has been approved for the period beginning ____/____/____ and ending ____/____/____. You will soon receive food stamps in the amount of \$ _____ for the month(s) of _____. After this, you will receive \$ _____ in food stamps each month.

a. You should pick up your food stamps at

b. Your food stamps will be mailed to you.

c. Your identification card is enclosed.

d. Your identification card will be mailed to you.

4. Your food stamp allotment has been increased to

\$ _____ effective ____/____/____
because:

5. Your application for Medicaid has been approved for the period beginning ____/____/____ and ending ____/____/____.

Medicaid has been approved for the following persons:

Your first Medicaid card will be mailed on or about ____/____/____. You can expect delivery in one to three days.

Please be sure to read the other side of this notice for important information about your rights and responsibilities.

If you have any questions, please contact:

Director

If you do not agree with your Medicaid or food stamp decision, you can request a Fair Hearing. **Please see the other side of this notice for Fair Hearing information.**

If you do not agree with the W-2 services or Child Care Assistance decision, you may request a Fact Finding Review by writing your worker or W-2 agency. **Please see the other side of this notice for Fact Finding information.**

Distribute Copies to: Participant, Agency, and Child Support

Your Rights and Responsibilities for Wisconsin Works (W-2), Child Care, Food Stamps, and Medicaid/BadgerCare

YOU HAVE THE RIGHT TO A WRITTEN NOTICE from this agency before any action is taken to stop or reduce your food stamp or Medicaid/BadgerCare benefits. For most actions, a notice will be mailed to you at least 10 days before the action is taken. This does not apply to Wisconsin Works (W-2) services.

YOU MAY REQUEST A FAIR HEARING FOR FOOD STAMP OR MEDICAID/BADGERCARE BENEFITS if you are not satisfied with any agency's action. You may request a Fair Hearing in writing or in person with the agency listed on the front of this notice. You may also write to the Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875. For Medicaid/BadgerCare your request must be received within 45 days of the action you are appealing, for food stamps within 90 days of the action you are appealing. If your Fair Hearing request is received by the Division of Hearings and Appeals prior to the action's effective date, in most cases your food stamp and/or Medicaid/BadgerCare benefits will not stop or be reduced. The benefits will continue at least until the decision on your appeal is made. During this time, if another unrelated change occurs, your food stamp or Medicaid/BadgerCare benefits may change. If the Fair Hearing decision ends or reduces your benefits, you may have to repay any excess benefits you receive while your appeal was pending. You may refuse continued benefits during the Fair Hearing process.

YOU MAY REQUEST A FACT FINDING REVIEW if you do not agree with a W-2, Child Care, or Emergency Assistance decision. You can request a Fact Finding Review by writing your W-2 agency or child care authorization worker. A Fact Finder will review your case. **W-2 PAYMENTS WHICH HAVE BEEN REDUCED OR TERMINATED WILL NOT BE REINSTATED UNTIL AFTER THE FACT FINDING REVIEW PROCESS.** This request is separate from any Fair Hearing request for food stamps or Medicaid/BadgerCare.

YOU MAY REPRESENT YOURSELF OR BE REPRESENTED by an attorney, friend, or anyone else you choose at the Fair Hearing or Fact Finding Review. We cannot pay for your attorney. See your Rights and Responsibilities or Fair Hearings pamphlet for a list of agencies that can provide free legal services. If you, or your representative fails to appear without good cause, your appeal will be dismissed.

CHILD SUPPORT COOPERATION: All programs require your cooperation with the Child Support Agency unless you have a good cause reason. Your worker can provide more information.

FOR W-2 OR FOOD STAMPS: You are required to complete all assigned activities, including Learnfare requirements, to receive a full benefit or payment. Any hours missed without good cause may result in a reduction of your payment or benefit.

FOR MEDICAID/BADGERCARE SERVICES: Present your Forward Card to your medical providers such as: physicians, hospitals, dentists, pharmacists, etc., each time you go to a provider. For some services, you may have to pay a copayment to the provider; this amount may vary depending on the service. Your provider should tell you if a copayment is required, or if Medicaid/BadgerCare does not cover a specific service. Contact your worker if you have questions about Medicaid/BadgerCare.

FOR CHILD CARE SERVICES: Inform your child care authorization worker of any changes in the child care arrangement that may affect the authorization, such as: changes in a child care provider; the need for more or fewer hours; changes in your work situation; or other changes.

REPORTING CHANGES FOR ALL PROGRAMS: You are required to tell your worker of any changes in household income, assets, or members within 10 days. If you are receiving W-2 services, you are required to inform your worker within 5 days if a child is no longer in your custody. To report changes, contact your worker in writing, by phone, or use the Change Report form. You received the Change Report form when you applied for services and during your review. Failure to report changes can result in an overpayment and/or prosecution for fraud. All overpayments are subject to recovery, including agency error.

FOOD STAMP PROGRAM RULES: Any member of your household who intentionally breaks any of these rules can be barred from the Food Stamp Program for one year after the first violation, two years after the second violation, and permanently for the third violation:

- Giving false information or hiding information to get or continue food stamps.
- Trading, selling, or altering food stamps.
- Using food stamps to buy non-food items like alcohol or tobacco.
- Using another person's food stamps, identification cards, or other documentation.

OTHER FOOD STAMP PENALTIES: Disqualification from the program for ten years may result after a conviction for misrepresenting identity or residence in order to receive multiple food stamp benefits. Permanent disqualification may result from a conviction for the trafficking of food stamps of \$500 or more. It may also include a fine of up to \$250,000, imprisonment of up to 20 years, or both. Courts may also bar a person from the Food Stamp Program for an additional 18 years or increase the length of prison time under the Truth in Sentencing Act.

INTENTIONALLY VIOLATING PROGRAM RULES: Any member of your household who intentionally breaks program rules for the purpose of getting or keeping W-2, or to increase the amount of W-2 payments to the family, can cause a reduction or termination of W-2 services for intentionally violating program rules. After 3 Intentional Program Violations, the individual and the entire group may be permanently barred from the W-2 and Child Care Programs.

Re: 7 CFR 273 (Food Stamps); 42 CFR 431(Medicaid)
Wisconsin Statutes: 49.127 (Food Stamps); 49.45, 49.46, and 45.47
(Medicaid); 49.141 and 49.161 (W-2); 49.95 and 49.22 (2m) (All)